

471-000-508 Nebraska Medicaid Hearing Aid Fee Schedule

Procedure codes are listed numerically and indicate coverage, maximum payment amount and special billing instructions. Codes covered by Medicaid are in bold print. Payment will be the lower of the maximum allowable amount or the provider's submitted charge.

Submitted charge for batteries must reflect the provider's usual and customary charge to the general public.

**SPECIAL PRICING** - Certain procedure codes will not have a predetermined allowable fee. Maximum payment amount is \$683.00 per aid unless prior authorization indicates a higher authorized amount based on exceptional medical need.

- A. "BR" (By Report) - Paid at "reasonable charge" based on the service and circumstances. A complete description of the service and cost invoice (along with additional documentation, if applicable) is required for review and pricing.
- B. "IC" (Invoice Cost) - Paid at invoice cost, up to maximum allowable (\$683.00 per aid). An invoice must be attached to the claim and must reflect factory cost minus any discounts.

HEARING SERVICES V5000 – V5999

MODIFIERS

RR	monthly rental
KR	daily rental
RP	repair or replacement under loss and damage coverage

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>	<u>BILLING NOTES</u>
V5008	Hearing screening	----	hospital service only
V5010	Assessment for hearing aid	----	in dispensing fee
V5011	Fit/orientation/check of aid	----	in dispensing fee
<b>V5014</b>	Repair/modification of aid	IC	prior auth. over \$150
<b>V5020</b>	Conformity evaluation	\$20	
<b>V5030</b>	Hearing aid, monaural, body worn, air conduction	IC	invoice with claim
<b>V5040</b>	Hearing aid, monaural, body worn, bone conduction	IC	invoice with claim
<b>V5050</b>	Hearing aid, monaural, in the ear	IC	invoice with claim
<b>V5060</b>	Hearing aid, monaural, behind the ear	IC	invoice with claim
<b>V5070</b>	Glasses, air conduction	IC	invoice with claim
<b>V5080</b>	Glasses, bone conduction	IC	invoice with claim
V5090	Dispensing fee, unspecified hearing aid	----	use V5160, V5241
V5095	Semi-implantable middle ear hearing protheses	----	not covered
<b>V5100</b>	Hearing aid, bilateral, body worn	IC	invoice with claim
V5110	Dispensing fee, bilateral	----	use V5160
<b>V5120</b>	Binaural, body	IC	single dispensing fee
<b>V5130</b>	Binaural, in the ear	IC	invoice with claim
<b>V5140</b>	Binaural, behind the ear	IC	invoice with claim
<b>V5150</b>	Binaural, glasses	IC	invoice with claim
<b>V5160</b>	Dispensing fee, binaural	\$507.73	RP modifier for repair or replace (\$99.20)
V5170	Hearing aid, CROS, in the ear	----	use V5050
V5180	Hearing aid, CROS, behind the ear	----	use V5060
V5190	Hearing aid, CROS, glasses	----	use V5070
V5200	Dispensing fee, CROS	----	use V5241
V5210	Hearing aid, BICROS, in the ear	----	use V5130
V5220	Hearing aid, BICROS, behind the ear	----	use V5140
V5230	Hearing aid, BICROS, glasses	----	use V5150
V5240	Dispensing fee, BICROS	----	use V5160
<b>V5241</b>	Dispensing fee, monaural hearing aid, any type	\$253.87	RP modifier for repair or replace (\$49.60)
V5242	Hearing aid, analog, monaural, CIC	----	not covered
V5243	Hearing aid, analog, monaural, ITC	----	not covered
V5244	Hearing aid, digitally programmable analog, monaural, CIC	----	not covered

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>	<u>BILLING NOTES</u>
V5245	Hearing aid, digitally programmable analog, monaural, ITC	----	not covered
V5246	Hearing aid, digitally programmable analog, monaural, ITE	----	use V5050
V5247	Hearing aid, digitally programmable analog, monaural, BTE	----	use V5060
V5248	Hearing aid, analog, binaural, CIC	----	not covered
V5249	Hearing aid, analog, binaural, ITC	----	not covered
V5250	Hearing aid, digitally programmable analog, binaural, CIC	----	not covered
V5251	Hearing aid, digitally programmable analog, binaural, ITC	----	not covered
V5252	Hearing aid, digitally programmable binaural, ITE	----	use V5130
V5253	Hearing aid, digitally programmable binaural, BTE	----	use V5140
V5254	Hearing aid, digital, monaural, CIC	----	not covered
V5255	Hearing aid, digital, monaural, ITC	----	not covered
V5256	Hearing aid, digital, monaural, ITE	----	use V5050
V5257	Hearing aid, digital, monaural, BTE	----	use V5060
V5258	Hearing aid, digital, binaural, CIC	----	not covered
V5259	Hearing aid, digital, binaural, ITC	----	not covered
V5260	Hearing aid, digital, binaural, ITE	----	use V5130
V5261	Hearing aid, digital, binaural, BTE	----	use V5140
V5262	Hearing aid, disposable, any type, monaural	----	not covered
V5263	Hearing aid, disposable, any type, binaural	----	not covered
<b>V5264</b>	Ear mold/insert, not disposable, any type	IC (\$35 max)	not for impressions, (see V5275)
V5265	Ear mold/insert, disposable, any type	----	not covered
<b>V5266</b>	Battery for use in hearing device	\$1.00	
<b>V5267</b>	Hearing aid supplies/accessories	BR	prior authorize over \$150
V5268	Assistive listening device, telephone amplifier, any type	----	not covered
V5269	Assistive listening device, alerting, any type	----	not covered
V5270	Assistive listening device, television amplifier any type	----	not covered
V5271	Assistive listening device, television caption decoder	----	not covered
V5272	Assistive listening device, TDD	----	not covered
<b>V5273</b>	Assistive listening device for use with cochlear implant	BR	prior authorize
V5274	Assistive learning device, not otherwise specified	----	FM system not covered
<b>V5275</b>	Ear impression, each	----	in dispensing fee, use only For replacement ear mold (\$20)
<b>V5298</b>	Hearing aid, not otherwise classified	IC	e.g. Pocket Talker
<b>V5299</b>	Hearing service, miscellaneous	BR	Prior authorize over \$150